

## Application for Rental Occupancy Permit

Town of Dennis Health Department • healthdepartment@town.dennis.ma.us  
685 Route 134  
South Dennis, MA 02660  
Phone 508-760-6158 • Fax 508-394-6289

Date Received: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Check Number: \_\_\_\_\_

- A **non-refundable** application fee of **\$50.00** is required. **Please make checks payable to: Town of Dennis**
- Rental Occupancy Permits expire on **December 31<sup>st</sup>**
- Mail completed application & payment to: Dennis Health Department, 685 Route 134, South Dennis, MA 02660
- The Health Department will call to schedule an inspection of the dwelling upon receipt of your application and fee

### RENTAL PROPERTY INFORMATION

Rental Property Address:

No.	Street	Unit/Apt. #	Village
Name of Complex (condos, apartments, etc.) if applicable:			Name of Rental Agent, if applicable:
Name of Tenant, if applicable:			Rental Agent's Phone Number:
Tenant's Phone Number:			Is the Rental Dwelling Furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Rental Dwelling Rented on an Annual or Seasonal Basis? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEASONAL			Has the Property Been Inspected for Lead Paint? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Bedrooms:	Number of Bathrooms:		Total Number of Rooms (excluding bathrooms):

### PERSONAL INFORMATION

Owner(s) of Record (per Assessors):	Mailing Address:	
Full Name of Principal & Title, if Trust, LLC, etc.	Mailing Address, if Different from Above:	
Street Address:		
Primary Phone No.	Alternate Phone No.	E-mail Address:
<p>I have read and am familiar with the Town of Dennis Housing Space &amp; Use By-Law, the Town Anti-Noise By-Law and excerpts of the State Sanitary Code, Chapter II (Minimum Standards of Fitness for Human Habitation) as supplied to me. Further, I understand that I am subject to a re-inspection fee of \$30.00 should I or my agent fail to be present for the inspection.</p> <p>Furthermore, I understand I must notify the Health Department in writing when I am no longer renting the property or I may be subject to fines &amp; legal fees.</p> <p>Signed _____ Date _____</p>		

### FOR OFFICE USE ONLY

Permit #:	Map/Parcel #:	Square Footage:	Date & Time of Inspection:
Licensed For:	Effective Year:	Violations Cited: <input type="checkbox"/> Yes <input type="checkbox"/> No	Violations Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Issued:	Inspector's Signature:		